

CITY OF LEXINGTON

Planning Department

300 East Washington Street
Post Office Box 922
Lexington, Virginia 24450
[540] 462-3704; fax [540] 463-5310

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Date of Application: _____

I. Location of Building

_____ Zoning district _____
between _____ and _____
(cross street) (cross street)
Subdivision _____ Lot _____ Block _____ Lot size _____

II. Type of Cost of Building (all applicants complete Parts A-D)

A. Type of Improvement

- 1. ☐ New building
- 2. ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3. ☐ Alteration (See 2 above)
- 4. ☐ Repair, replacement
- 5. ☐ Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- 6. ☐ Moving (relocation)
- 7. ☐ Foundation only

B. Ownership

- 8. ☐ Private (individual, corporation, non-profit institution, etc.)
- 9. ☐ Public (Federal, State, or local government)

C. Cost

- 10. Cost of improvement \$ _____
To be installed, but not included in the above cost:
 - a. Electrical _____
 - b. Plumbing _____
 - c. Heating, air conditioning _____
 - d. Other (elevator, etc.) _____
- 11. Total cost of improvement \$ _____

D. Proposed Use - For "wrecking," most recent use

Residential

- 12. ☐ One family
- 13. ☐ Two or more family - Enter number of units
- 14. ☐ Transient hotel, motel, or dormitory - Enter number of units
- 15. ☐ Garage
- 16. ☐ Carport
- 17. ☐ Other - *Specify* _____

Nonresidential*

- 18. ☐ Amusement, recreational
- 19. ☐ Church, other religious
- 20. ☐ Industrial
- 21. ☐ Parking garage
- 22. ☐ Service station, repair garage
- 23. ☐ Hospital, institutional
- 24. ☐ Office, bank, professional
- 25. ☐ Public utility
- 26. ☐ School, library, other educational
- 27. ☐ Stores, mercantile
- 28. ☐ Tanks, towers
- 29. ☐ Other - *Specify* _____

*Nonresidential - Describe in detail proposed use of buildings (e.g. food processing plant; machine shop; laundry building at hospital; elementary, secondary or parochial school; college; parking garage; department store; rental office building; office building; or industrial plant. If use of existing building is being changed, enter proposed use. _____

Selected Characteristics of Building -(For new buildings and additions, complete Parts E-L;
for wrecking, complete only Part J, for all others skip for Part IV.)**E. Principal Type of Frame**

30. ☐ Masonry (wall bearing)
31. ☐ Wood frame
32. ☐ Structural steel
33. ☐ Reinforced concrete
34. ☐ Other - *Specify* _____

F. Principal Type of Heating Fuel

35. ☐ Gas
36. ☐ Oil
37. ☐ Electricity
38. ☐ Coal
39. ☐ Other - *Specify* _____

G. Type of Sewage Disposal

40. ☐ Public or private company
41. ☐ Private (septic tank, etc.)

H. Type of Water Supply

42. ☐ Public or private company
43. ☐ Private (well, cistern)

I. Type of Mechanical

- Will there be central air conditioning?
44. ☐ Yes
45. ☐ No

Will there be an elevator?
46. ☐ Yes
47. ☐ No

J. Dimensions

48. Number of stories _____

49. Total sq. feet of floor area, all floors, based on exterior dimensions _____

50. Total land area, sq. ft. _____

K. Number of Off-Street Parking Spaces

51. Enclosed _____
52. Outdoors _____

L. Residential Buildings Only

53. Number of bedrooms _____
54. Number of bathrooms _____
 Full _____
 Partial _____

III. Identification: Contractors' Information (to be completed by all applicants; use additional sheets as necessary)

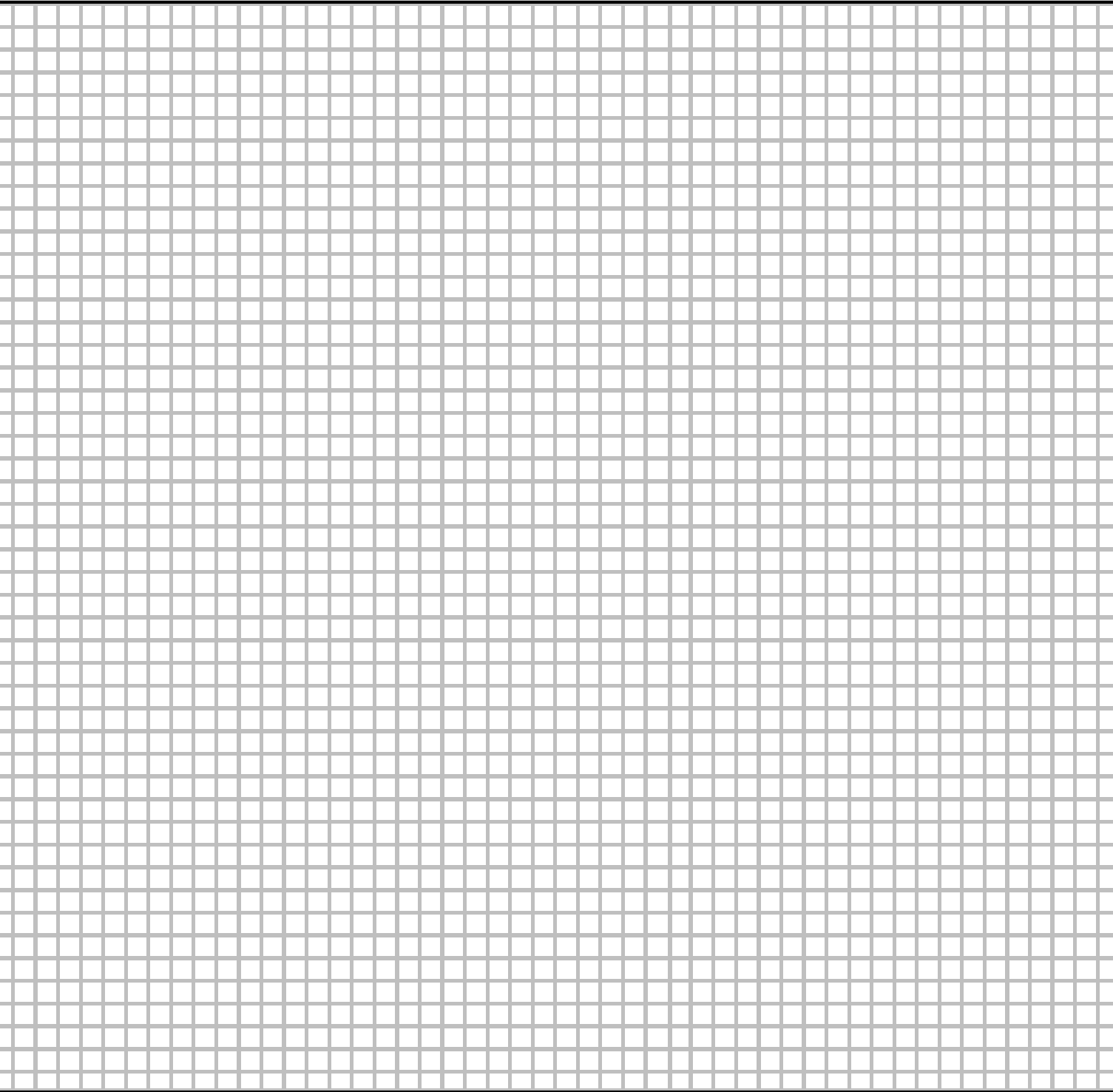
	Name of Contractor (last name, first name)	Address/Telephone (Street, City, State, Zip, phone)	License No.
Applicant (not owner)			
Owner/Lessee			
Architect/Engineer			
General Contractor			
Excavation			
Concrete			
Carpentry			
Electrical			
Plumbing			
Sewer			
Mechanical			
Roofing			
Masonry			
Drywall or Lathing			
Sprinkler			
Paving			
Fire Alarm			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

_____	_____
Applicant Signature	Date
_____	_____
Street Address	Phone

City, State, Zip	

IV. Site or Plot Plan - For Applicant Use



V. Plan Review Record

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
Building		\$					
Plumbing		\$					
Mechanical		\$					
Electrical		\$					
Other _____		\$					

VI. Additional Permits Required or Other Jurisdiction Approvals

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Boiler					Plumbing				
Curb or Sidewalk Cut					Roofing				
Elevator					Sewer				
Electrical					Sign or Billboard				
Furnace					Street Grades				
Grading					Use of Public Areas				
Oil Burner					Wrecking				
Other _____					Other _____				

VII. Validation

Building Permit Number _____	Building Permit Fee	\$ _____
Building Permit Issued _____	Certificate of Occupancy	\$ _____
	Drain Tile	\$ _____
	Plan Review Fee	\$ _____
Approved by: _____	Use Group	_____
Title _____	Fire Grading	_____
Date: _____	Live Loading	_____
	Occupancy Load	_____

VIII. Zoning Plan Examiner's Notes

District
Use
Front Yard
Side YardSide Yard
Rear Yard
Notes